

slight muscular stiffness manifests itself. It is always necessary to carry it to this extent. The dose of the syrup is increased or diminished according to the effect. When the chorea is almost cured, the same dose is continued for some days; it is then diminished and finally stopt entirely, when there remains only the slight contortions which the patients often retain. M. Troussseau regards the sulph. of strychnine as the principal remedy. He does not, however, neglect the symptoms. He bleeds if there is plethora. If chlorosis is connected with chorea, the martial preparations are used, and antispasmodics in cases of hysteria.—*Southern Journal of Medicine and Pharmacy*, March 1847, from *Archives Générales*, Dec. 1846.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

31. *Amputation at the Shoulder Joint for Axillary Aneurism.*—The following interesting example of this is recorded by Prof. SYME, in the *Monthly Journal of Med. Sci.*, Dec. 1846.

The patient, a stout, square made man, of short stature, fifty years of age, while, as he supposed, in perfectly good health, about a fortnight before, when getting hastily off a carriage, had made a false step, and nearly fallen backwards. In the effort to prevent this, and to secure his hat, he was conscious of throwing his left arm upwards and backwards with great force. No inconvenience was noticed subsequently, until a few days after, when he felt a difficulty in keeping his arm close to the chest; and upon searching for the cause of this, discovered a swelling in the armpit, which throbbed, or pulsated. He immediately applied to Dr. Cunningham, who, recognizing an axillary aneurism, proposed a consultation. When Prof. SYME saw the patient, the aneurism was so large as to fill the axilla, but quite circumscribed, and distinctly pulsating. The pulse, at the wrist of the affected limb, was rather weaker than in the other arm. The complexion and general aspect of the patient were such as are usually supposed to denote disease of the heart; the pulse was irregularly intermittent, and the action of the heart was perceived over a larger extent than could be considered natural. But it was stated that there had been no alteration for a long while in the appearance of the patient, or in his ability for exertion, which was represented to be that of the most perfect health, and Mr. S. could not detect any distinct evidence of serious organic alteration in the heart. Though the case could not be considered as one favourable for the operation, Prof. S. considered, nevertheless, that the patient ought not to be refused the chance which it afforded of escape from the fatal result of the disease.

The patient removed at once to Edinburgh, for the purpose of submitting to the operation, and to prepare him for it, he was confined to bed on the antiphlogistic regimen.

On the day of his arrival, Prof. S. remarked that the pulse throughout the affected arm had become very weak; and on the following day it could not be detected either at the wrist or in the tumour, which, during the few days that had elapsed since Prof. S. first saw it, had acquired a great increase of size. The prospect of spontaneous coagulation derived from this change, would have made him delay the operation, even if all other circumstances had been favourable to its performance. But the pulse became very quick; the arm swelled to a large size from oedematous effusion; and excessive pain was felt throughout the limb. On the following day, another unpleasant symptom was presented by a diffused blush over the forearm, of that peculiar hue which is wont to precede mortification, resulting from the inflammation of parts imperfectly supplied with blood. Small doses of antimonial wine, with the solution of muriate of morphia, were administered internally, to allay the general excitement; and soothing lotions, containing opium, with acetate of lead, were applied to the seat of pain. On the morning of the 13th, the arm, from the elbow downwards, suddenly became cold and devoid of sensation. The redness, leaving this part, ascended towards the shoulder, the pulse could hardly be counted, and there was every sign of speedy sinking under the violence of constitutional reaction.

During several succeeding days this apparently hopeless condition was observed

to assume gradually a more promising character. The arm which, from the time it became cold, had been simply wrapped in flannel, regained its proper temperature; the redness of the skin disappeared; the pain in a great measure subsided; and the patient resumed the state of tranquillity that had existed previously. The swelling of the arm also, which had attained an enormous extent, especially towards the axilla and shoulder, which it raised almost to the patient's ear, and stretched strangely outwards from his side, sustained a marked diminution.

In consideration of these encouraging changes, the hope of a spontaneous cure was again entertained, and the pulsation, which could be perceived only by the ear, was ascertained to be confined to an extent so small, that there could be no doubt as to coagulation having taken place throughout a large portion of the cavity. But on the back part of the shoulder, where the skin had been extremely distended, when the swelling was at its height, and had not since either regained its natural consistence, or lost the purple colour then assumed, there now began to be presented the appearance of a slough. It was hoped that this might be the effect of pressure limited to the integuments, and separation of the dead part was anxiously watched, with a view to ascertain whether it was confined to the surface, or extended to the cavity. In the course of a short time, the worst fears were verified by a gradual enlargement of the aperture, exposing to view a mass of coagulum and sloughy muscular substance, through which arterial blood began to ooze, and stain the patient's shirt.

On the 16th of August, to prevent the obviously impending hemorrhage, ligature of the artery being quite out of the question, as the arm, though its temperature was restored, had not regained either sensation or voluntary motion, and, independently of all other objections to this operation under existing circumstances, would certainly have been deprived by it of the scanty vital power still remaining, Prof. S. proposed amputation at the shoulder joint, which met with approval, and as there was no objection on the part of the patient, proceeded without delay to this formidable undertaking.

The patient having been brought to the edge of his bed, Prof. S. made an incision from the acromion downwards and backwards through the sloughy aperture, and, from the same point, another downwards and forwards, so as to join their terminations at the lower part of the axilla, and form two nearly equal flaps, which, being held aside, allowed the disarticulation to be readily completed. As pressure could not be effected upon the vessel above the clavicle, in consequence of its elevation by the tumour, a fearful gush of blood issued from the cavity of the aneurism when laid open, but was instantly arrested by Dr. Duncan, who placed his thumb upon the part from which he felt the jet proceed, and retained it there, until by the application of eight or ten ligatures, Prof. S. prevented hemorrhage from the smaller vessels. Upon examining the state of the axillary artery, we found no distinct orifice, but merely a funnel-shaped expansion, where it communicated with the aneurism. Prof. S. therefore made an incision from the upper extremity of the wound quite to the clavicle, in the direction of the vessel, cut through the tendon of the pectoralis minor, and, by careful dissection of the condensed textures in which it lay imbedded, exposed a sufficient portion of the artery for safely applying a ligature. This having been done, the edges of the wound were brought together, and retained by stitches, with the assistance of compresses and a bandage.

The patient bore the operation well, made no particular complaint after it, and steadily advanced towards recovery, although the separation of sloughs was not completed, until the end of a fortnight. But while this process was gradually accomplished, the cavity rapidly contracted, so that when the whole of the dead parts were cast off, it was nearly closed. The ligature came away on the 15th of September, and the patient then returned to Glasgow, where he was soon afterwards able to resume the duties of a public situation, which he holds in that city.

32. Amputation at the Hip-Joint. MR. J. WHIPPLE records in the *Lancet*, (Dec. 26th, 1846,) a successful case of amputation at the hip-joint, in a man 31 years of age, labouring under extensive disease of the knee-joint.

33. Successful Extirpation of a Polypous Tumour of the Larynx. By Prof. EHR-